S. No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

See instructions on back of certificate.

Important.

1 PLACE OF DEATH

6701



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 201

٧	illage or City Mear Sacust Nor one	St: Ward	[It death occurred in a hospital or institution,
	FULL NAME agnes So. Baile	auten China	give its NAME instead et street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
351	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, OR OIVERCED (Write the word)	16 DATE OF DEATH (Month)	(Day) , 191 3 (Year)
68	(Modth) (Day) (Year)	that I last saw h. L. alive on	ey 5 , 1913.
TAG	ge If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated The GAUSE OF DEATH * was as follows:	above, atm,
(a) pai (b) bus	OCUPATION) Trade, profession, or ritcular kind of work: General nature of industry, iness, or Establishment in ch employed (or employer)	1/.	yrs. / mos. 8 ds.
9 BI	Sent Co had	Contributory (Secondary) (Deration)	yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Man S, 191 S. (Address) *State the Disease Causing Death, or, Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	In deaths from VIOLENT (2) whether ACCIDEN
<u>а</u>	13 BIRTHPLACE OF MOTHER (State or country) Sent Co Wid	Where was disease contracted,	INSTITUTIONS, TRANSIENTS, yrs, ds.
	(Informant) John Baily (Address) Locust Grove	it not at place of death? Former or usual residence	DATE OF BURIAL
1 5 File	ed May 8th 1913 Milliane Par	20 UNDERTAKE	May 9 191.3

REGISTRAR if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto.,

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary Arcman, etc. applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Gracery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, But in many For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from "Hart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can he ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." The contributory (secondary or intercurrent) tetanus) may he stated under the head of (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

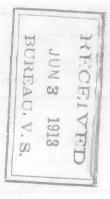
Village or City Rock Hace No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 203 [if death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE MARRIED, WIDOWED,	16 DATE OF DEATH Juny 3/1, (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to may 3, 1913, that I last saw har allye on hung 29, 1913.
TAGE TAGE TAGE THE LESS than 1 day, hrs. OR mln.?	and that death occurred on the date stated above, at 5-5-0 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Least Co. Smole.**	(Duration) yrs. 2 mos. 27 ds. Contributory are yrs. mos. 23 ds. (Secondary) (Duration) yrs. mos. ds.
11 BIRTHPLACE (State or country) Kent- Co mal	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Kent C2 mel 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 2 Mel 2 Mel 3 BIRTHPLACE OF MOTHER (State or country) Kent C2 Mel 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 2 Mel 3 Mel 4 Mel 5 Mel 6 Mel 7 Mel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Wesley Charfel Cemeler June 1, 1918 20 UNDERTAKER LASE, Rock Hall

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory, material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons -Coal (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septicharinjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... The contributory (secondary or Intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples:



PLACE OF DEATH 6703	STATE OMMARYLAND
County Tent	CERTIFICATE OF DEATH
County	Registration Dist. No. 203
Village or City Finn NECK Bles	
Village or City VMM JEE/2 (No. Les.,	Twok Hall St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead
FULL NAME James Alexan	notes / Zeck of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH JA 201 3/ 1013
Mane While (Write the word)	(Merth) (Day) (Year)
6 DATE OF BIRTH	10110 1 1 2 mm 4 71 ft 4
no Plecord 185-3	700 116 m
(Month) (Day) (Year)	that I last saw have alive on All Mill
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 440 Pm,
O yrsds. ORmin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION A	n n n
(a) Trade, profession, or particular kind of work. Jahm Laboren	Colmonic Omable Wisland
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Duration) yrsmosds.
State or country) Kent Cs mae	Contributory (Secondary) (Deration) Vrs. mos. ds.
10 NAME OF AND	(SIAM) St. H. Solyontha
John St Leek	June 2, 1913 (Address) Rack Hall Tud
H STEATHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
(State or country) Rent C 2 Zuce. 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a OF MOTHER Turesh Webb	18 LENGTH OF RES[DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER 75 A O S	OR RECENT RESIDENTS) At place In the
(State or country) /7 cm/- Co mec	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) James W 120012	Former or usual residence
(Address) Rock Hall R-B*/	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Wesley Chat had Cemely June 2 1913
Filed 6/2 1913 7. B. Durding	20 UNDERTAKER ADDRESS
REGISTRA	1 ho. H Casay of Rock Hall
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the dibrable causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

(8

cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or misearriage, as "Purpural septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medicai Association.) "Contributory." dent; Revolver wound of haad-homicide; Polsoned Accidental drowning; Struck by railway train-accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory tetanus) Aiways qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HYCI FED
JUN 3 1918
BUREAU, V.S.

MARGIN RESERVED FOR BINDING

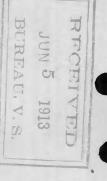
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Co	PLACE OF DEATH 6704	STATE OF MARYLAND CERTIFICATE OF DEATH
00	Hear Garalle	Registration Dist, No. 305
Vi	PULL NAME Annie Bos	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S E	A 5 SINGLE.	16 DATE OF DEATH Man 2.37d 3
4	emale le old (Write the word)	(Month) (Day) (Year)
6 D A	TE OF BIRTH Dout Know 1903	The Policy of the Hereby Certify, That I attended deceased from 1913, to May 23, 1913,
	(Month) (Day) (Year)	that I last saw h A alive on May, 1913
7 AG	Bout Kugus if LESS than f day hrs.	and that death occurred on the date stated above, at 4-2.5 km.
	yrs. mos. ds. ORmin.?	The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or Ancel Keeper	Der Unmia
busi	General nature of industry, ness, or establishment in the employed (or employer)	(Ouration) yrs Owned HWICo
9 BI (St	RTHPLACE ate or country) Neutles. Md.	(Secondary) (Suration) (Suration) (Suration)
	10 NAME OF A out Know	(Signed) Taul / The M. D.
TTS	11 BIRTHPLACE OF FATHER (State or country) (Leuf los Mid.	(Address) Calsulation Ma
ARENT	12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Hnjury; and (2) whether Accidental, Suicidal, or Homicidal.
Д.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	Informant	Where was disease contracted, It not et place of death? Former or
0	(Address Charles forwar Hand H	19 PLACE OF BURTAL OR REMOVAL DATE OF BURIAL
15 File	May 2 p. 1913 W & Tornsend	20 UNDERTAKER ADDRESS, OULS TO THE OUT OF TH
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the niseass Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative dealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retlied from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin



ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purreral scptichaemus," "Old Age," "Shock," '(Taemla," "Weakness," lnjury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Haart fallure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-Examples: For vio-

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN

PLACE OF DEATH	STATE OF MARYLAND
6705	CERTIFICATE OF DEATH
County	Besistantian Diet No. 205
10000	Registration Dist. No.
Village or City & Broad Veck (No.	St.: Ward) [If death occurred in
(No.	a hospital or Inslitution, give its NAME instead
16. 1/3/	of street and number.]
FULL NAME / LAW / CACS	Conegus
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SSINGLE, Lungle	18 DATE OF DEATH
MARRIEO, WIDOWED,	(Month) (Day) (Year)
Hemse Lold (Write the word)	17 I-HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH	Ill Marker War be
abl wowllum are	100 100 100 Cano L., 1913.,
(Month) (Day) (Year)	that I last saw h allve on
7 AGE If LESS than	and that death occurred on the date stated above, at 2 - m.
day,hrs.	
yrsmosds. ORmin. ?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Trade, profession, or	for property
particular kind of work	
(b) General nature of Industry, business, or establishment in	(Duration) yrs. mos 10 ds.
which employed (or employer)	110 of and -
9 BIRTHPLACE (State or country)	Contributory (Secondary)
veur les ma.	(Duration) yrs mos ds.
10 NAME OF P	
FATHER Medic Reonceasts	(Signey)
11 BIRTHPLACE	3, 1913 (Address) Mustellon 3
State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a OF MOTHER HATTILL Black	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
14THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Alanda Mark	if not at place of death?
(Informant)	Former or usual residence
Johnston 1 Int	19 PRACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Classification (Address) Classificat	19 1 71 - V M/2 - 5M 2
16 219 81	39 UNDERTAKER ADDRESS
Filed May 3, 1913 W (Township	ADDRESS ADDRESS
REGISTRAR	Will of Noad Senestiertoun
If more blanks are needed, address State Registra	r. 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative wealthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not minc, etc. it should be used only when needed. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-tirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

BUREAU. V.S.

ample: Mcastes (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report LENT DEATES state MINAMS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal scoticharcause. Always qualify ail diseases resuiting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Hart failure," "Haemorrhage," "Inanition," "Maras. affection need not be stated unless important. dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of _____ (name origin: "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) (Recommendations on statement of Examples:

If this certificate is looked over thoroughly and all quetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

East y gollows

-Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A FOR RESERVED MARGIN V. S. No. 1. N. B.

	1 PLAGE OF DEATH	STATE OF MARY	LAND
	Nont 6706	CERTIFICATE OF	DEATH
Co	unty VIII	Registration Dist.	No. 202
Vil	lage or City lettestertown (No.	Osgk st; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3 SE:	ale 4 COLOR OR RACE MARRIED, Married Wildowson, OR DIVORCED (Write the word)	(Month) 17 I HEREBY CERTIFY That I atte	(Day) (Year)
	Octo 1 1845	1913 to ffty	191.3.,
	(Month) (Day) (Year)	that I last saw h Last alive on	1915.
TAG	E If LESS than 1 day,hrs.	and that death occurred on the date stated abo	ve, at 6 /3 / m,
	67 yrs. 7 mes. 9 ds. OR min.?	The CAUSE OF DEATH* was as follows:	
(a) part (b)	CUPATION Trade, profession, or icular kind of work	Gustro-Cutrute (Ouration)	rs mas 6 de
whic	h employed (or employer)	7, 1.7	4
9 BI (St	ate or country) Kentles Md	(Secondary) (Quration)	rs. mos. ds.
	10 NAME OF FATHER AND I Addd.	(Signed) Harry L. Dod	, N. D.
ENTS	11 BIRTHPLAGE OF FATHER (State or country) 2 A, leo Mid.	*State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2)	leaths from VIOLENT
PARI	12 MAIDEN NAME COF MOTHER Hary & Deaning,	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INS OR RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State	yrs mos ds
	Informant)	Where was disease contracted, if not at place of death? Former or usual residence	
15	(Address). Lother from the second	lerhestertown ma ma	ATE OF BURIAL
Fil	Zocal REGISTRAR	Chas. L. Noda. C.	les tertour.
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. Nousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death-Name, first, the disease causing death the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia injury, as fracture of skull and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "Puesperal peritonitis," etc. State cause for inus," "Oid Age," "Shock." "Traemia," "Weakness," ture of the American Medicai Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUST and qualify as childbirth or miscarriage, as "Purpresal scptichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS progably which surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion, (name origin; "Candeath), 29 ds.: Examples:



MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certilicate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH

6707

Village or Gity Still Pand



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20/

Village or City Still Fond (No	St.; Ward) [if death occurred a hospital or lostitution give its NAME loster and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWED, OFFOIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
May 3 , 1913 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased fro
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Still Bon / (Ouration) yrs mos d
9 BIRTHPLACE (State or country) Kent Co Ind 10 NAME OF FATHER Howard & Johnson 11 BIRTHPLACE (State or country) Still Cond Mid 12 Maiden NAME Q OF MOTHER Q OF MOTHER Q	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Stent Ca Mod 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted, if not at place of death? former or
(Informant) A total grants (Address) Still Parid Filed May 3°, 1913 Milliam Parv REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Stull Pond 20 UNDERTAKER ADDRESS Stull Pond ADDRESS

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpreral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chrowin ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of __ is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A FOR RESERVED MARGIN

T. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
	6708	CERTIFICATE OF DEATH
G	ounty	Padiction Diet No. 206
	7011	Registration Dist. No.
Village or City Near Infelests (No.		St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead
	FULL NAME Joshua Urnus	ing Mis Clary of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Male White Single, Married Wishers (Write the word)	16 DATE OF DEATH May 59, 1913. (Month) (Day) (Year) 17 J HEREBY CERTIFY, That I attended deceased from
6 D	ate of Birth Oct 24 1843	ne mederal alleutions.
	(Month) (Day) (Year)	that I last saw halive on
7 A		and that death occurred on the date stated above, at 11.30 A.m.,
	7 yrs. 7 mos. 7 ds. or min.?	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, er	fucule by firearms
	rticular kind of work Turnella	Sun shat wound believe 4- 6 - 6th
bus	General nature of lodustry, iness, or establishment in ch employed (or employer)	tile of left side (Ouration) yrs mos ds.
9 B	RTHPLACE tate or country) Lew Co md	Contributory Melancholis (Secondary) (Duration yrs mos ds.
	10 NAME OF John Me Clary	(Signed) Fruit W Lught Corone D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) UUKnacon	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
PAR	12 MAIDEN NAME Arunnata Rollism	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Lecknow	At place in the of death yrs, mos, ds. State yrs, mos, ds.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
	(Informant) The Course Course	usual residence
15	(Address) 2 1 M. Mellin un. Ballott	PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
	ed May 59, 1913 Fruits. Suett	20 UNDERTAKER ADDRESS ONES KINDER

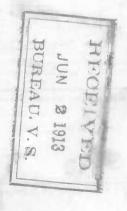
If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease it in and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For vio-



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PLACE OF DEATH 6709	STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
County	Registration Dist. No. 200
a lit had	
Village or City (No.	St.; Ward) [It death occurred in a hospital or Institution
() AD. 12	give lits NAME instead of street and numbor.]
FULL NAME Elic Morga	or street and number.
DEDGOVE AND CHARGE DADVICH ADC	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
Malo Black (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Justinom Julian 184	13 March 12 2 , 1912, to may 1 2 , 1912,
(Month) (Day) (Year	
7 AGE If LESS 1	han and that death occurred on the date stated above, at 6 A m.
) 0 was man do 02 min	I INC GAUSE OF DEATH'S Was as follows:
	- pritral reconstition
BOCCUPATION (a) Trade, profession, or	
particular kind of work.	***************************************
(b) General nature of industry, business, or establishment in	(Duration) yrs. 2 mos. ds.
which employed (or employer)	Contributory
BIRTHPLACE (State or country)	(Secondary)
Manna	
10 NAME OF ISAAC MORGAN	(Signed) Mussitt 3 nea , M. D.
11 BIRTHPLACE	Jane 12, 191 2 (Address) Julbucation Mid
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
M 12 MAIDEN NAME /	TALL, SUICIDAL, OF HOMICIDAL.
a morning	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
	of death yrs mos ds. State yrs, mos ds. Where was disease contracted.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) / Mongan	Former or usual residence.
(Address) alls	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	10.00-
JUN 3 - 1918 M Lulians Omis	20 UNDERTAKER ADDRESS
FIIM 191	John dox mit (mill)
	strar, 6 B. Franklin St., Balto., Requesting V. S. No. 1.
	Md

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc... Carcin-

childbirth or miscarriage, as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic oma. Surcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples:



PLACE OF DEATH	STATE OF MARYLAND
county Kent 6710	CERTIFICATE OF DEATH
	Registration Dist. No. 2
Vittage or City Talena (No.	St.; Ward) [If death occurred in a hospital or lostilution,
* FULL NAME Mystle Neuco	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White. (Single, Married, Wissoner, ORDIVORCED (Write the word)	16 DATE OF DEATH Alan
8 DATE OF BIRTH 7/14, 1913	17 I HEREBY CERTIFY, That I attended deceased from [] [] [] [] [] [] [] [] [] [] [] [] [] [
(Month)	and that death occurred on the date stated above, at 7 m, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Conquisital Angamis Jesus. (Duration) yrs. mos. 6. 0s.
9 BIRTHPLACE (State or country) Many Land.	Contributory (Secondary) (Deration)yrs,
10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	(Signed) Geo. R. M. D. May, 24, 1913. (Address) Aulena Zud
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place , in the of death yrs, mos ds.
(informant) Jahr Meneant	Where was disease contracted, if not at place of death?
(Address) Galena Pull	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5-2 3 T, 1915
Filed 191 Julian REGISTRAR	20 UNDERTAKER Ledington ADDRESS
ff more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative realthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Mara" "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite discase can be ascertained as the Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of .. ture of the American Medicai Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Never report Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

V. S. No. 1.

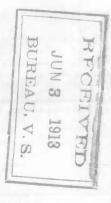
County Kent 6711	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 203
Village or City Edel Ville (Nothbur)	Muck Adlst; Ward) [If death occurred in a hospital or institution, give its MAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Black (Write the word)	16 DATE OF DEATH Me ay 15h 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH The Riead De Instr- (Month) (Day) (Year)	april 31th, 1913, to May 184, 1913, that I last saw h. s. alive on april 30 th , 1913
TAGE If LESS than 1 day,hrs. 2-3 yrs. mos. ds. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or House Ports particular kind of work House Ports (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) House Box Mac	Confishing (Duration) yrs. mos. 5 ds. Contributory (Secondary)
10 NAME OF FATHER Samuel Coffon 11 BIRTHPLACE OF FATHER (State or country) Kent Cs Snoc 12 MAIDEN NAME OF MOTHER Mary 2 Titlman	(Signed) Short (Address) Chestra from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
OF MOTHER Mary J- STALMEN 13 BIRTHPLACE OF MOTHER (State or country) Rent Coma	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Realdents) At place in the of death yrs mos ds.
(Informant) (Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Cock Hall Filed 5/3 1913 7/B. Durding REGISTRAN	Shart Pown Comety May 4, 1913. 20 UNDERTAKER Those H Casey Rock Hall
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ivil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (g)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septicharcause. Always qualify all diseases resulting from by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Important.

N. B.

6712 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20/

S	+ .	 V	lar	dì	

*FULL NAME Wary Sweling P.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIDDWED, OR OIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	March 114 2 March 10th 3
7 AGE 1f LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country) Kent Co lid 10 NAME OF FATHER Several Perkins 11 BIRTHPLACE (State or country) Many land 12 MAIDEN NAME	Contributory (Secondary) (Deration)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted,
(Informant) Charlatte Vanuer (Address) Henrichpulle (1.4. D) 15	former or usual residence
Filed May 20 ,19h3 Mulian Parv REGISTRAR If more blanks are needed, address State Registrar	20 UNDERTAKER STUDIES

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the dibease causing death—In all respect to the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonda"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Coliapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for malig "Contributory." oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For vio-



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RECORD

STATE OF MARYLAND PLACE OF DEATH 6713 CERTIFICATE OF DEATH Registration Dist. No..... fit death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) HEREBY CERTIFY/That I attended deceased from 6 DATE OF BIRTH 1909 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date states above. 1 day,hrs. The CAUSE OF DEATH* was as follows: OR ? 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amployed (or amployer) --Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or. In death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, mos, ds, Where was disease contracted. It not at place of death?... Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E/Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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v. S. No. 1.

Village or Gity Alland (No. St.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from the Call State of Country (State of Country) (St	PLACE OF DEATH 6714	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Ward (No. St.; Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 10 DATE OF DEATH 10 DATE OF DEATH 11 LESS than and that death occurred on the date stated above, at 1 st. 1 less tawn hour, allive on 1 st. 1 less tawn and that death occurred on the date stated above, at 1 st. 1 less tawn hour, allive on 1 st. 1 less tawn hour, all tawn hour, allive on 1 st. 1 less tawn hour, all tawn hour, all tawn hour, allive on 1 st. 1 less t	Gounty W	
Sex 4-COLORORRACE SINGLE, MARRIED, MARRIED, MOORD (North CDay) (Year Married, Moorth (Day) (Year Moorth) (Mustel E. S.	He Alb
**STATE OF BIRTH **COCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry **State or country **DAMME OF FATHER **OF MOTHER **OF MOTHER **OF MOTHER **OF MOTHER **I SIBITHPLACE OF MOTHER **I SIBILITATION OF MOTHER	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Filed May 16. 1913 If LESS than to all day, hrs. or. min.? If LESS than to all day, hrs. or. min.? If LESS than to all day, hrs. or. min.? If LESS than to all day, hrs. or. min.? If LESS than to all day, hrs. or. min.? If LESS than to all day, hrs. or. min.? If LESS than to all day, hrs. or. min.? If LESS than to all day, hrs. or. or. min.? If LESS than to all day, hrs. or. or. min.? If LESS than to all day, hrs. or. or. or. min.? If LESS than to all day, hrs. or. or. or. or. or. or. or. or. or. or	MARRIED, WIDOWED, ORDIVARCED (Write the word) 6 DATE OF BIRTH Cefo 3/, 1890	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Muy 6, 1913, to 92 1 1913,
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed May 16 1913 (Address) (Address) (Address) (Address) (Address) (Buration) (Informant) (Signed) (Signe	7 AGE 2 Syrs. 6 mos. 1 ds. OR min.?	
(Signed) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Signed) (Address) (Ad	particular kind of work	Contributory Contributory (Secondary)
13 BIRTHPLACE OF MOTHER (State or country) (Informant) (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Elled May 16 -1913 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place of death yrs, mos. ds. State yrs, mos. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 PLACE OF BURIAL OR REMOVAL ADDRESS 29 UNDERTAKEN TOTAL ADDRESS	of 11 BIRTHPLACE THE STATE OF STATES	(Signed)
(Address) 13/6 % Ensur Strallo May 16-1913	13 BIRTHPLACE OF MOTHER: (State or country) Keuf Co Mid	Af place in the of death yrs mos ds. State yrs mos ds Where was disease contracted,
HEGISTRAR OF THE TOTAL OF THE PARTY OF THE P	(Address) 1316 W Ensur Strack Mid	19 puace of Burral or Removal Date of Burral Way 1, 1913

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATE, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or indust, and therefore an additional line is provided for the latter statement; been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—('oa) "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage. as "Puerperal scritchaemus," "Old Age," "Shock," "Traemia," "Weakness," cause of death approved by Committee on Nomencla. sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably -Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulzions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. Never report ver" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Examplés:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

W. B. No. 1.

PLACE OF DETH 6715	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty D J 7/11/2	Registration Dist. No. 203
Village or City OCIR TO NO.	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead in street and nomber.]
FULL NAME TOWN S	give its name instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Black of the word)	16 DATE OF DEATH MM 15 (Day) , 1913 (Year)
B DATE OF BIRTH	17 LHEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that last saw hand alive on 20 1 1913,
7 AGE If LESS than	and that death occurred on the date stated above, at 6 3-6 Mm.
/ yrs. // mos. /4 ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or	
particular kind of work	Convaluous
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos _5 ds-
State or country) Kent Mee	Contributory (Secondary) (Quration) C. 200 ds.
10 NAME OF Therman Suser	(Signed) It Is Schwafffa, M.D.
11 BIRTHPLACE OF FATHER (State or country) Kent Co mee	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of FATHER (State or country) Sent Co mee (State or country) Sent Co mee of Mother Millie An Moon	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Kent Co. Snee	OR RECENT RESIDENTS) At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?————————————————————————————————————
(informant)	usual residence
(Address) Toek Hale Me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 5/16, 1913 7.13. Durding	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not pald Housekcepers "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the pisease Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acciis icss definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For vio-



state 6716 CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No. It death occurred in PHYSICIANS St :----Ward) a hospital or institution, RECORD give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ONIO (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTUFY, That I attended deceased from stated 6 DATE OF BIRTH N classified. (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at pinods 1 dayhrs. OR min. ? properly 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, supplied. pe business, or establishment in may which employed (or employer) -certificate. 9 BIRTHPLACE (Secondary) (State or country) carefully that it 10 NAME OF FATHER (Signed) 00 back 11 BIRTHPLACE terms, Z OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AREI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 2 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. State vrs. mos. EATH Where was disease contracted. If not at place of death? 0 Former or OF Item usual residence mportant. Every Its DATE OF BURIAL 20 UNDERTAKER ADDRESS Filed..... 0 NEC AL REGISTRAR z If more blanks are needed, address State Registrar, 6 E/Franklin St., Balto., Requesting V. S. No. 1

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons (0)

Statement of cause of death—Name, first, the disease causing death—In always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Purrperal septicharample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 3 1913 BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

PLACE OF DEATH	STATE OF MARYLAND
County Cess 6717	CERTIFICATE OF DEATH Registration Dist. No. 200
Village or City Milling Mino.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PSEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Tolday) (Year) (Year) (Year) (Year) (Year) (Year)
TAGE If LESS that 1 day,hrs 1 day,hrs 0 occupation (a) Trade, profession, er particular kind of work (b) General nature of industry,	and that death occurred on the date stated above, at
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER Thrus Might 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. D. 3/2) (Address) (M. D. 3/2) (Address) (M. D. 3/2) (Address) (M. D. 3/2) (M. D.
13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds.
(Informant) Senge My KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Millington Ma 15 Filed May 21, 191 3 Easly a Stafford Deby BEGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL S. = 1
- Landa	rar, C.E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharcause. Always qualify ail diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of . is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can Examples:



V. S. No. 1.

Filed May 25, 1913 Tran

RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

PHYSICIANS'should state of OCCUPATION is very properly classified. Exact statement stated EXACTLY. should be AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. N. B.—Every Item CAUSE OF Important. S

PLACE OF DEATH 6718 County Kent Village or City Fairlee (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH 1909	16 DATE OF DEATH (Month) (Day (Year) 1 HEREBY CERTIFY, That Lattended deceased from 1 191 to 144 1 191 3, that I last saw h. 144 alive on 144 1 191 3
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date states above, at 12,301.m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trada, profession, or particular kind of work	Physician had oney seem Child ones The Sarche information (Duration) yrs mgs. Jos.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 11 STATE OF COUNTRY) (State or country) (State or country)	(Signed) Jarry L. Dogs Mos. M. D. (Signed) Jarry L. Dogs M. D. (Signed) State the Disease Causing Death, or, in deaths from Violence
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER TELLA HOUSTON 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	**State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
(Address) Worton R. F.D. N. Co., My	19 PLACE OF BURIAL OR REMOVAL DAYS OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

APPRESS

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many ocenpations a single word or term on the ness of various parsuits ean be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the ocenpations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dntles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of oeeupa-If retired from business, that faet may be indi-Never Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., ("Pnenmonia," pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use term for the same dlsease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to fever (the only definite synonym is "Epidemic eere-"Cronp";) Statement of cause of death-Name, first, the DISEASE Typhoid nnqualified, is indefinite): Tubercuforer (never report "Typhoid Carcin-

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canınns," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," affection need not be stated unless important. sepsis, tetanus) may be stated under the head of iujury, as fracture of skull, and eonsequenees (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioonia," "Puerperal peritonitis," etc. childbirth or misearriage as "Puerperal septichae ete., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Coumere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. thre of the American Medical Association.) cause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras ".Contributory." The contributory Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease eansing death), 29 ds.; (secondary or interenrreut) "Dropsy," "Exhaustion," State cause for Never report

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and ali ques All the data is essential and must be obtained before

BUREAU, V. S. SCZ 2 1913

NEW PERMISS BUREAU, V. S.

IANENT XACTLY. statement	
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state innortant to pilain terms, so that it may be properly classified. Exact statement of OCCUPATION is very innortant to be instructions.	
8 - B	
s z	

PLACE OF DEATH 6719	STATE OF MARYLAND
County Cent	CERTIFICATE OF DEATH
71.1	Registration Dist. No. 300
Village or City New /Qurle (No.	St.; Ward) [If death occurred in a hospital or institution.
	give its NAME instead ef street and nomber.1
* FULL NAME Darah / Chizar	leth fredan
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, OR O! VDRCEP WILLIAM	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Vet. 1843	1913, to 744, 1913,
- (Month) (Day) (Year)	that I last saw halive on
TAGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 10-A m,
9 yrs. mos, ds. or min.?	The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, or	Endocardila
particular kind of work.	4
(b) Beneral nature of industry, business, or establishment in	(Duration) yrs 5 mos ds.
which employed (or employer)	Contributory Reposition
(State or country)	(Secondary)
10 NAME OF	(Duration) / yrs mos ds.
FATHER James (Lasin.	(Signed) M. D.
T (State of fountry)	May 15, 1913, (Address) Checkelown 2
OF FATHER (State or country) Lenv Co md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
a Marish Stopellers	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Stant Co : male	ot death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Milliand Plane	Former or usual residence
(Address) Werlon nd	19 SVACE OF BURIAL OF REMOVAL DATE OF BURIAL
15	Georgetown Genetery May 19, 1913
Filed May 16, 191,3 4 n. furth.	20 UNDERTAKER ADDRESS
REGISTRAR	Chas L. Hodd Chestulong
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fion is very important, so that the relative lealthfulduties of the household only (not paid Housekccpers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In all each of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage, as "Puerperal scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras ample: Meastes (disease causing death), 29 ds.: scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

